

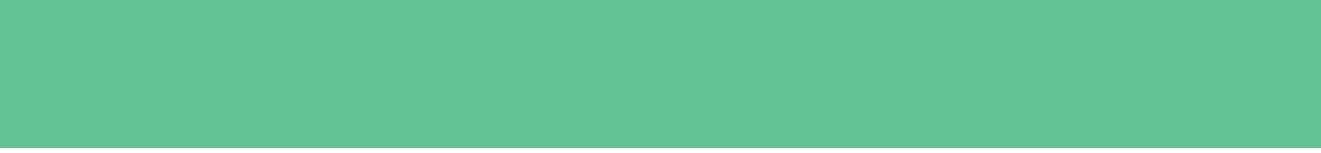
The Second Decade



Improving Adolescent Health and Development



Adolescent Health and Development Programme
Family and Reproductive Health
World Health Organization



UNICEF/NOORANI



WHO



A. BALL

Adolescents are generally thought to be healthy. By the second decade of life, they have survived the diseases of early childhood, and the health problems associated with ageing are still many years away. Death seems so far removed as to be almost unthinkable.

1.

Yet many adolescents do die prematurely. Every year, an estimated one million young men and women between the ages of 10 and 19 lose their lives – mostly through accidents, suicide, violence, pregnancy-related complications and illnesses that are either preventable or treatable. Millions more suffer chronic ill health and disablement that may well endure a lifetime.

Even more importantly, most mortality in adulthood has its roots in the adolescent period. WHO estimates that 70% of premature deaths among adults are largely due to behaviour initiated during adolescence. Tobacco use, for example, typically starts before the age of 20, and frequently leads to premature death later in life. HIV infection, which is often contracted in adolescence, leads to AIDS some years later.

A Common Agenda

WHO and its partners, UNICEF and UNFPA, are advocating an accelerated approach to promoting the health and development of young people in the second decade of life. The Common Agenda outlines the action needed to provide adolescents worldwide with the support and the opportunities to:

- ▶ acquire accurate information about their health needs,
 - ▶ build the life skills needed to avoid risk-taking behaviour,
 - ▶ obtain counselling, especially during crisis situations,
 - ▶ have access to health services (including reproductive health), and
- ▶ live in a safe and supportive environment.

Central to this approach is the recognition that the underlying causes of young people's health and development problems are closely connected. The solutions to these problems are also similar and inter-related.



The adolescent

2. **O**ne in every five people in the world is an adolescent¹ – defined by WHO as a person between 10 and 19 years of age. Out of 1.2 billion adolescents worldwide, about 85% live in developing countries and the remainder in the industrialised world.

The second decade of life is a period of rapid growth and development for adolescents' bodies, minds and social relationships. Physical growth is accompanied by sexual maturation, often leading to intimate relationships. The individual's capacity for abstract and critical thought also develops, along with a heightened sense of self-awareness and emotional independence.

As the attitudes, values and behaviours that determine the young person's future begin to crystallize and take shape, society expects the adolescent to assume greater personal responsibility. This process is marked by increased exposure and experimentation. The risks inherent in "first time" behaviours – especially the use of tobacco, alcohol and other drugs, along with sexual activity – make the second decade of life a period fraught with danger.

Diversity

There is enormous diversity among adolescents, regardless of where they happen to live. At the lower end of the age range, they consist of girls and boys, most of whom are not yet sexually active. At the upper end, they consist of physically mature young women and men, most of whom are sexually active and in many cases have children of their own.

There is also great diversity among adolescents of the same age, depending on the individual's sex, level of physical, psychological and social development, and on factors in the individual's immediate environment and within the culture of the wider society.



¹ The United Nations refers to people aged 15-24 as youth. In this document, the term 'young people' will be used to refer to those between 10 to 24 years.

Factors and influences

A young person with high self-esteem and good social skills, who is clear about his or her basic values, and has access to relevant information is likely to make positive decisions about his or her health and personal development. But these decisions are not taken in a vacuum. External factors have a tremendous impact on how adolescents think and behave: the values and behaviours of their friends are increasingly important, but parents and other family members also continue to be influential.

3.



PHOTODISC

When adolescents feel connected to their families and when both parents are involved in their children's lives, it influences both how adolescents feel about themselves and the choices they make about behaviours that affect their health. Adolescents need to have at least one adult who is committed to their well-being.

They need adults they can turn to and trust, adults who will listen as they describe what they are experiencing and how they are coping.

Factors within the wider environment are also important. These include, for example, the mass media and entertainment, industries, community institutions, religious bodies and the political and legal system. Other important factors are access to schooling, health services, recreational activities, vocational training and economic opportunities. All too often, poverty deprives adolescents from such basic elements of development. The extent to which a young person is exposed to physical violence, social unrest, displacement and warfare can also exert a decisive influence on his or her health and development.

These factors determine the 'life chances' open to young people and underlie the decisions they make about their lives. Programmes aimed at improving the health and development of adolescents need to take account, therefore, of how these factors interact with one another and how they affect the options and opportunities open to young people.



PHOTODISC

Death, disability and ill health

Among the many causes of death, disability and ill health among adolescents, WHO's Adolescent Health and Development Programme has identified four as being of crucial importance:

4.

- ▶ **Sexual and reproductive behaviour:** Unsafe sex is a major threat to the health and survival of millions of adolescents. Each year, one in 20 adolescents worldwide contracts an STD, including HIV. Every day, over 7,000 young people aged 10 to 24 become infected with HIV, that is, five every minute. Pregnancies that are too early are also dangerous for both mother and child. Girls under 18 are two to five times more likely to die in childbirth as women in their twenties; their children are also more likely to die during infancy.
- ▶ **Tobacco use:** One of the most damaging behaviours for the long-term health of young people is the use of tobacco. Most adults smokers began during adolescence. Of the present population of youth worldwide, about 300 million are smokers and 150 million will die of smoking-related causes later in life.
- ▶ **Suicides:** Suicides are among the three leading causes of death for adolescents, and rates are rising faster than among other age groups. Worldwide, at least 100,000 adolescents commit suicide each year.
- ▶ **Road traffic accidents:** Crashes on the roads are the main cause of death among young men worldwide. These are often related to the use of alcohol or other drugs. In the United States, for example, road traffic accidents alone cause more than half of all deaths among 16-19 year-old males.

While these four health issues represent the major causes of death, adolescents' health and well-being are jeopardised by other issues, for example, endemic diseases and poor nutrition, which are not considered here.



PHOTODISC



UNICEF/EMOVNE



UNICEF/ROTNER

Adolescents: the sheer numbers...

- ▶ *In the year 2000 there will be nearly 1.2 billion adolescents between 10-19.*
- ▶ *Worldwide secondary school enrolment is around 55%. At least 500 million adolescents are not in school.*
- ▶ *There are at least 73 million adolescent workers between the ages of 10 and 14.*

As they become sexually active...

- ▶ *The majority of sexual contacts among adolescents are unprotected: among married adolescents, use of modern contraceptives ranges between 1% in some sub-Saharan Africa countries and 60% in Latin America. Only in 4 out of 19 sub-Saharan countries, do more than 10% of unmarried adolescents use modern contraceptives.*
- ▶ *Globally, 60 of every 1,000 adolescent girls give birth each year, a total of 15 million babies. These babies run almost double the risk of dying during their first year of life than babies born to older mothers do.*
- ▶ *Each day over 7,000 young people become infected with HIV, a total of 2.6 million each year representing 50% of all new cases.*

And other aspects of their health...

- ▶ *Violence to and by young people is a severe problem in some regions: In some countries in the Americas, homicide is the most important cause of death among young males.*
- ▶ *Over a 100 million (between 117 and 138 million) young people are likely to be vulnerable to the effects of armed conflict by the year 2000, not only as soldiers but also as civilians and refugees.*

- ▶ *Approximately, 4 million suicide attempts take the lives of more than 100,000 adolescents each year.*

Related to life style...

- ▶ *Road traffic accidents are the leading cause of death among boys in many countries and account for 5% of all Disability Adjusted Life Years lost among adolescents.*
- ▶ *The younger an adolescent starts drinking the greater the chance of developing a clinical alcohol disorder as an adult.*
- ▶ *At present 300 million young people use tobacco: 150 million of them will die of tobacco-related diseases later in life.*
- ▶ *Undernutrition and stunting are prevalent in adolescents, boys and girls, in developing countries.*



UNICEF/Y. GAMBLIN

Sex and reproduction: risks for adolescents

6.

Sexuality is a precious element of human interaction; having a child – an occasion for celebration. For many young people, however, the reality is very different. The health and survival of many millions of adolescents worldwide are at risk through unsafe sex and early childbearing.

Early motherhood, unsafe pregnancies

Childbearing at an early age is dangerous to the health of both mother and child. Pregnancy-related complications are among the main cause of death for 15-19 year-old women worldwide. Every year, at least 60,000 adolescent women die from health problems related to pregnancy and childbirth. In addition, babies born to young mothers are more likely to suffer from low birthweight and

to die of infections and malnutrition before their first birthday.

Each year, up to 4.4 million women aged 15 to 19 undergo unsafe abortions, most often carried out illicitly by unqualified practitioners. As with pregnancy, the younger the woman, the greater the risks associated with abortions. In

countries such as Kenya, Nigeria and Tanzania, adolescent girls make up more than half the women admitted to hospital for complications following illicit abortions, adding to the costs of already under-resourced health systems.



PHOTODISC



J. HOWARD

Impaired development

Whether or not an adolescent girl is married, childbearing at a young age is profoundly disempowering. Especially for the unmarried young woman, childbearing cuts short her education, severely limits her income-earning capacity and impairs her ability to make well informed choices about life. For young men as well, assuming parental responsibilities at an early age, often means the end of formal education and a reduction in “life chances”.

Sexually transmitted diseases (STDs) and HIV/AIDS

Diseases such as gonorrhoea, syphilis, chancroid, chlamydia and genital herpes are spread by unprotected sex, i.e. sex without a condom. Adolescents are less likely than adults to use a condom because of lack of access or inability to insist on its use. They are, therefore, at high risk of contracting an STD.

7.

Every day, more than a quarter of a million young people become infected with an STD.

HIV and AIDS – youth in the front line

About 80% of HIV transmission worldwide occurs through unprotected sex. If one partner has an STD as well as HIV, the risk of HIV transmission is three to five times greater.

Adolescents are in the front line of the HIV pandemic. In some African countries, surveys have found one in ten pregnant adolescent girls to be HIV-positive. Worldwide, at least 2.5 million youth were newly infected with HIV during 1997. More than half of all new HIV infections occur in young people. An estimated 10 million adolescents are now living with HIV or are likely to develop AIDS during the next three to 15 years.

Adolescent-headed households

Even if not themselves infected with HIV, millions of adolescents in developing countries, particularly in sub-saharan Africa, are psychologically scarred and educationally disadvantaged by having to care for their HIV-positive parents and younger siblings. Many have to cope with orphanhood and with the responsibilities of being a head of household in their early teens, before completing their primary school education or acquiring any vocational skills.



Sexual and reproductive health

Why adolescents are at risk

The lives of millions of adolescents worldwide are at risk because society does not provide them with the information, the skills, the health services and the support they need to postpone sex until they are physically and socially mature, and able to make well-informed, responsible decisions about their sexual behaviour.

Social and economic environment: For millions of adolescents, sex is linked with coercion, violence and abuse – sometimes even by family members or adults with privileged relations. Traditional gender roles often trap young people in high-risk sexual behaviour. In societies where women are conditioned to be submissive to men, young women find it difficult or impossible to refuse early marriage, to space births, or to refuse to have unprotected sex with an unfaithful husband or partner. Young men, for their part, are often expected to prove their virility by having unprotected sex with numerous partners.

Many young people are socially and economically marginalised by society, which offers them little or no prospect of a job or economic security. Without hope for the future, many young people seek refuge in unprotected sex, alcohol use, smoking and the use of illicit drugs, inhalants and pharmaceuticals.

Information and skills: In most countries, the great majority of adolescents are poorly informed about sexuality and reproduction. They also lack the social skills needed to say no to unwanted sex or to negotiate safer sex. Yet many policy makers, public opinion leaders and parents still seem to believe that

withholding information about sexuality and reproduction from young people will dissuade them from becoming sexually active. In fact, good quality sex education does not lead to earlier or increased sexual activity among adolescents.

Access to health services:

Most adolescents become sexually active before the age of 20, but generally lack access to family planning services (including appropriate contraceptives), ante-natal and obstetric care, and treatment for STDs. For many young people, the opening times or

location of services make them inaccessible, or they are too expensive. Fears about confidentiality also prevent many young people from using services, which often require the consent of their parents or spouses. In addition, the judgemental attitudes of many health professionals often discourage married and unmarried adolescents from seeking advice and treatment for sexual and reproductive health problems. Indeed, in some instances, service delivery to adolescents is against the law.



UNICEF/CP95/2



What can be done

The Common Agenda advocates the following specific measures to prevent unsafe sex and early childbearing among adolescents:

9.

► **Create a safe and supportive environment through:**

Promoting delayed marriage and childbearing: Where early marriage is deeply rooted in local culture, there is a need for legislation, community action and media campaigns to prevent marriage below the age of 18.

Expanding access to education and training: Young women who have completed their schooling and also acquired income-earning skills are less likely to have unwanted pregnancies and to engage in unsafe sex. It is also important for adolescent girls to be permitted to return to school and training after a pregnancy, irrespective of marital status.

Providing income-earning opportunities: Empowering young women, for example, with income-earning opportunities (e.g. through micro-credit schemes) enables them to participate more equally in decision-making within the family and the community. They are also less likely to be sexually exploited and abused.

► **Provide information and skills:** Contrary to popular belief, education about sexuality and human relationships does not encourage young people to become involved in premature sexual activity. Good quality education helps to delay first intercourse, and to protect sexually active youth from STDs – including HIV – and from pregnancy. Starting early, that is before puberty, to learn about sexuality is most effective.

► **Expand access to health services:** When health services are youth-friendly – i.e. when they are affordable, accessible, confidential and non-judgemental – they are well utilized and effective. Such services can be provided at existing health centres, at specialised youth clinics, or at NGO or community facilities such as youth clubs.



In Zambia, NGOs and youth volunteers have joined together with government health centres to run the Youth Friendly Health Services Project in three townships of Lusaka. The Project now provides thousands of young people with information, counselling, family planning services and treatment for sexually transmitted infections. Youth volunteers are placed, on a rotating basis, at health centres outside the neighbourhoods in which they live, where they help to bridge the gap between local young people and professional health workers. Plans are now underway to extend the project to other parts of the city.

Tobacco – the greatest killer drug

10.

Tobacco is the most widely distributed and commonly used drug in the world today. The smoking habit usually begins during adolescence: the overwhelming majority of smokers start using tobacco before the age of 19.

Nicotine – the most important active ingredient in tobacco – is one of the most addictive substances known. People who start smoking early in life also find it more difficult to give up.

More deaths are due to tobacco than to any other drug. Every year, tobacco consumption causes 3 million premature deaths. Worldwide, of 300 million young people who are smokers, 150 million will die of smoking-related causes later in life.

Why do young people smoke?

The harmful effects of tobacco smoking are widely known, but in many countries growing numbers of young women and men are starting to smoke. Why do so many adolescents take up a habit that is obviously so injurious to their health?

The image and social acceptability of smoking are key influences. Aware that most lifetime smokers begin during adolescence, tobacco companies make young people the principal of target of their advertising. Young people are constantly exposed to advertising, sporting activities and promotional events that associate cigarette smoking with independence, sex, success, adventure, sporting prowess and youthful sophistication. Cost and availability are also important: when cigarettes are cheap and easily available (e.g. from street sellers or vending machines), adolescents are more likely to start smoking. Selling cigarettes is a common means of earning income among adolescents in many low-income countries.

Adolescents' need to gain social approval from peers can lead to smoking, as can their desire to appear like adults. Family influences also play a role: adolescents whose parents or siblings smoke are more likely to use tobacco. Once adolescents have experimented with smoking, approximately 50% continue to

and become addicted. Having friends and parents who smoke is a decisive influence on the likelihood of continuation.



PHOTODISC



WHO/A. BADAWI



UNICEF/HERNANDEZ-CLAIRE

What can be done

A great deal can be done to prevent tobacco use among young people and to help young smokers give up their habit. The Common Agenda proposes simultaneous action in several inter-related areas:

► **Create a safe and supportive environment through:**

Decreasing availability:

banning the sale of cigarettes from public vending machines, and prohibiting the purchase of cigarettes by anyone under the age of 18.

Increasing prices: increasing tax on tobacco products so they become too expensive for adolescents to purchase on a regular basis.

Advertising: restricting advertising and promotion so young people are no longer exposed to positive and glamorous images of tobacco use; and limiting sponsorship by tobacco companies of sports, music and fashion events, all of which attract adolescents.

Promoting no-smoking areas: prohibiting smoking in schools, hospitals, offices, shops, youth clubs, trains, buses and aeroplanes; and restricting smoking in restaurants, pubs, clubs and other public places.

Fostering positive role models: entertainment, sports and other public personages can speak out against smoking. The adults closest to adolescents – parents, teachers – should not encourage or condone smoking.

► **Information and skills:** providing accurate information about the harmful effects of tobacco (including passive smoking) through schools, mass media campaigns, community groups, sporting clubs and religious organisations. Adolescents can learn skills to analyse enticements through advertisements and resist social pressures from adults and peers.

Successful programmes

► Comprehensive tobacco policies in Thailand have had a positive effect. Smoking prevalence among adolescents aged 15-19 years has dropped from 12.2% in 1991 to 9.5 % in 1996. The policies have been supported by comprehensive provision of information and skills in schools, through the media, and through recreation activities

► In Canada, a sharp increase in taxes on cigarettes has helped to bring about a dramatic reduction in daily smoking by adolescents. Between 1979 and 1991, as taxes on tobacco increased, the proportion of 15-19 year-olds who smoke daily fell from 42% to 16% – a decline of 62%.



A. BALL



Death on the road

12.

Road traffic accidents are the single greatest cause of injury and death among young men between the ages of 15 and 19 worldwide. Many young women are also killed on the roads, usually as passengers. And for every young person killed in a car crash, another ten are seriously injured or maimed for life.

In the industrialised world, mortality among adolescents due to crashes and collisions on the roads is on the decrease. The opposite is the case in the developing world, where roads and vehicles are less well maintained, protective equipment less likely to be used, and safe driving standards less rigorously enforced. Increasing wealth and population growth mean more vehicles on the roads in the developing world. In Africa, road traffic mortality increased by more than 200% between 1968 and 1983; in Asia there was a 150% increase over the same period.

Why are young people being killed on the roads?

The special characteristics of adolescents make them particularly vulnerable to road traffic accidents:

► **Emotional and social immaturity:** Although physically mature, many young people may not yet have sufficient emotional and social maturity to take full responsibility for their behaviour behind the wheel of a car or the handlebars of a motorcycle. The urge to gain peer approval by taking risks, challenging authority and flouting rules is often more powerful than the desire for self-preservation.

► **Alcohol and other drugs:** Adolescents have lower tolerance of alcohol than older drivers: they are twice as likely as any other age group to be involved in an alcohol-related car crash. In the United States, at least half of all adolescent deaths from traffic accidents are alcohol-related. Most fatal road traffic accidents involving young people occur in the evening and the early morning hours, especially on weekends, when they are most likely to have been using alcohol and other drugs.

► **Failure to use safety devices:** Adolescents are less likely than adults to use protective equipment such as seat belts in cars and helmets on motorcycles and bicycles.

► **Working conditions:** The fare collectors of public transport in many developing countries are adolescent males. In order to maximize passenger space, they frequently occupy precarious positions on the vehicle, and are exposed to injuries and deaths as a result of falls on the road.



PHOTODISC

What can be done

Reductions in adolescent mortality from traffic accidents can be achieved through legislative measures, if enforced, combined with efforts to support parents, and adolescents' observance of them:

13.



UNICEF/HORNER

► **Create a safe driving environment:**

Vehicle design and maintenance: In developing countries, improving the design, construction and maintenance of motor vehicles – especially public transport vehicles – would help to reduce road traffic mortality.

Road design: In all countries attention to road lighting and surfacing, median dividers and reflectors can reduce traffic accidents.

Individual protection: The use of seat belts can reduce the severity of injuries in traffic accidents by 60%. Requiring the wearing of helmets save many lives.

Legal drinking age: In the United States where a uniform drinking age of 21 years was established between 1986 and 1992, adolescent automotive fatalities declined by 42%.

Penalties for alcohol use: Imposing severe penalties for driving under the

influence of alcohol can lead to a marked fall in road traffic accidents. This deters adolescents as they are aware of the likelihood of being caught. Adolescents themselves can be involved in anti-drinking and driving campaigns with effect.

Guiding parents: In four States in the US with night-time curfews on adolescent driving, advising parents to restrict adolescents' use of cars late at night resulted in a reduction of up to 69% in car crashes.



PHOTOJISC

The ultimate tragedy – suicides

14.

Of all deaths among adolescents, suicides are perhaps the most devastating. The untimely loss of a young life leaves not only a legacy of unfulfilled promise, but also feelings of shock, guilt, grief and despair among loved ones and friends.

Every five minutes, one young person ends his or her life. Worldwide, suicide ranks among the three most important causes of death for young people. At least 100,000 adolescents commit suicide every year.

For every completed attempt at suicide, there are at least 40 unsuccessful attempts. Young men are more likely to complete suicide than young women.

In many countries, suicide rates among young people are on the increase. In Spain, for example, suicides among young people under the age of 20 increased three-fold between 1976 and 1991.

There are also rising suicide rates among adolescents in China and other parts of Asia, the Caribbean and Africa.

Why do young people take their own lives?

There is a strong connection between suicide and depression among adolescents. While troubled adolescents usually try to

send signals of despair, these often go unrecognised and untreated. Depression in adolescents is associated with irritability, fluctuating moods, deep unhappiness, disordered sleep, feelings of hopelessness or helplessness and thoughts of suicide.

These are not “natural” reactions to the challenges of growing up, but signs of illness.

Depression and other unrecognised mental disorders are linked to low self-esteem and stress, and have many seemingly minor causes: physical abuse, loss of purpose in life, anxiety about sexual identity, unwanted pregnancy, HIV infection, problems with parents, social isolation, urban migration, intense competition at school, unemployment and the breakdown of intimate relationships. Depression is also associated with the use of alcohol and illicit drugs, which in themselves may increase the likelihood of suicidal behaviour.



PHOTODISC



UNICEF/C. ANDREW

What can be done

Efforts to reduce the number of suicides among young people can be divided into two main categories:

► **Addressing risk factors:**

creating a safe and supportive

environment to reduce the likelihood of young people seriously contemplating or attempting suicide:

Skills building: Young people should be provided with age-appropriate opportunities to increase abilities to manage emotions, solve problems and negotiate conflict.

Supporting parents: Since family conflict often precipitates a suicide attempt, parents need to be provided with appropriate skills training and – in some cases – counselling.

Counselling: Every suicide attempt by a young person should be investigated, and appropriate support, counselling and treatment be provided.

Mass media: Suicides tend to occur in clusters, suggesting that a “copycat” effect may be at work. A low-key approach to reporting suicides by the mass media can help to avoid this phenomenon.

Sensitization: Youth and religious organizations can use an adolescent’s suicide to stimulate discussion about warning signs and about resources in the community to provide help.

Limiting access to means of suicide: In some countries, restricting access to handguns and to potentially lethal substances (e.g. pesticides, medicines) can help to preserve the lives of young people with suicidal tendencies.

► **Identifying and assisting suicidal youth:**

Screening and early detection: Teachers are in an excellent position to identify students at risk of suicidal behaviour, but need training to recognize the signs. General practitioners are uniquely well-placed to detect depression, but need to be able to refer the adolescent – and his or her family – for more specialist care and support.

Crisis centres: These need to offer confidential counselling on a 24-hour basis (by phone or face-to-face) to young people seriously contemplating suicide; once the immediate crisis has passed, they and their parents need to be able to call upon more specialised support such as psychotherapy and medication.



Substance use – multiplying the risks

16.

The use of alcohol and other drugs is a major contributing factor to accidents, suicides, violence, unwanted pregnancies and STDs (including HIV/AIDS) among young people in many countries. These substances are often used with tobacco too.

► **Alcohol:** Alcoholic drinks help to relax social constraints and to lower inhibitions, but they may also increase the chances of risk-taking behaviour. Among adolescents, drinking alcohol increases the likelihood of unsafe sex, which can lead to HIV infection and other STDs, as well as unplanned, unwanted pregnancies. Alcohol use is also associated with increased violence and suicide among adolescents.

As alcohol impairs judgement and physical skills, it is frequently associated with unintentional deaths. In the industrialised world, the great majority of traffic accidents among adolescents are related to alcohol use. In Australia, for example, the use of alcohol kills three times more young people than all illicit drugs combined.

Young people tend to consume alcohol in short bouts of heavy drinking, which most learn to control as they become older. The younger an adolescent starts drinking, however, the greater the chances of developing an alcohol problem as an adult. A significant minority of young people become harmful drinkers later in life, when they are at high risk of developing cancers, ulcers, heart disease, brain damage, malnutrition and cirrhosis of the liver.

PHOTODISC



A. BALL



WHO/G.R. ZAFAR



OHM

► **Illicit drugs:** The use of illicit drugs is increasingly prevalent among young people in many countries. The adverse consequences of drug use by young people include dependence, overdose, accidents, physical and psychological damage, and premature death. The altered perceptions and psychomotor reactions induced by drug use can lead to fatal accidents and suicide attempts. Drug dependency increases the likelihood that young people will resort to crime and prostitution to finance their drug habit.

Since the early 1980s, the hazards of drug use have been demonstrated most dramatically by the rapid spread of HIV infection among users of injectable drugs who have shared contaminated needles and syringes. Worldwide, one in ten new

HIV infections occur among injecting drug users, most of whom are young people. Injecting drug use is the main mode of HIV transmission in north Africa, the Middle East, eastern Europe, the Commonwealth of Independent States and East Asia. Much injecting is initiated during adolescence.

► **Other substances:** Adolescents tend to use substances that are affordable and readily available. Apart from alcohol and tobacco, these include various inhalants (such as volatile solvents, glue, petrol, aerosols) and pharmaceutical preparations such as cough mixtures and sedatives.



PHOTODISC



WHO/R. LANDY



PHOTODISC

Making the connections

18.

Since its formation in 1990, WHO's Adolescent Health and Development Programme has been developing the knowledge base and devising and testing new approaches to promote the health and development of adolescents worldwide. One of the main lessons to emerge is the commonality of the root causes of risky behaviours, health problems and disability among adolescents. Since young people's health problems have common roots, they can be addressed most effectively by a combination of interventions that promote healthy development.

Mutually supportive interventions: In the past, many interventions aiming to improve adolescent health have tended to have a narrow focus and to work in isolation from one another. This has greatly reduced their effectiveness. Rather than focusing exclusively on individual health problems, such as AIDS or substance use, it is more cost-effective for programmes to "make the connections" between a range of mutually supportive interventions.

For example, all young people need accurate, comprehensive information about sexual and reproductive health. This information is more useful, however, when accompanied by life skills education to help young people build the self-esteem, the sense of responsibility and the social confidence they need to resist pressure to take risks with their health. These skills are the same that prove useful in preventing the use of substances, dealing with anxiety, assessing risky conditions and negotiating difficult relationships e.g. abusive adults, bullying peers.

Information and skills, however, may not always be sufficient. Many young people will also need access to confidential reproductive health services (including contraception), and to treatment for STDs, while some will also need counselling in crisis situations. Many others will need income-earning opportunities or support from the legal system to protect them from physical and sexual abuse.

Some of these interventions can be provided by the same people. Teachers, for example, can not only impart information but can also enhance life skills – not least, by their personal example. Health workers can not only treat common illnesses but can also be trained to provide crisis counselling and reproductive health services. Religious leaders can not only provide counselling but can also help to create a social climate in which young people are protected from physical and sexual abuse.



WHO



Alliances and partnerships: No single organisation or institution can take all the actions needed to ensure good adolescent health and development. Alliances and partnerships are needed to create the conditions that protect the wellbeing and maximize the potentials of all young people. The Common Agenda refers to the roles of many sections of civil society, government and the workplace:

- ▶ **The home**, which is the primary source of love, learning, moral guidance and emotional support for most adolescents.
- ▶ **Schools**, which offer a unique opportunity for life skills training, and for sports and recreational activities.
- ▶ **Health centres**, where “youth friendly” services can provide diagnosis and treatment of medical problems as well as information, counselling, referrals and commodities such as contraception and condoms.
- ▶ **The workplace**, which includes factories, farms, offices and marketplaces,



WHO

where millions of young people can be reached.

▶ **The street**, where many of the most “at risk” adolescents live, offers opportunities to reach and support young people.

▶ **Community organisations**, such as sporting clubs, youth groups and movements, community centres, religious organisations, voluntary agencies and development organisations, which can offer healthy recreation, mutual social support, skills training, information and opportunities for young people to serve their local community.

Youth participation: In the past, many youth health and development programmes have failed to address the felt needs and problems of young people. Yet young people have great energy, creativity and enthusiasm; they are open to new ideas and are capable of great idealism and commitment. Programmes intended to benefit adolescents need to connect with them from the outset and must enable them to play a leading role in the planning, implementation and evaluation of activities. This means listening to them, making an

effort to understand how they think and offering support to assist them to realize the contributions they can make to programme efforts.

J. HOWARD



Expanding country capacities

Adolescents have specific health problems and needs, which generally are not being adequately met in most countries. Effective strategies for addressing these problems and needs do exist. Yet these strategies are still not being applied widely enough, or in a sufficiently cohesive, mutually supportive manner.

WHO's Adolescent Health and Development Programme has one goal: *"To ensure that adolescents are able to acquire the information, build the skills, access the health services and live in the supportive environment they need for their health and development."*

In pursuit of this goal, WHO works closely with governments, other United Nations agencies and leading members of the international NGO community to expand the capacity of countries to develop appropriate policies and effective programmes.

However, the growing awareness of the importance of adolescent health has not always been matched by the support needed for programme acceleration. Urgently needed now are technically and operationally sound programme support materials and resource people in countries who are able to provide assistance with programme design, monitoring and evaluation and operations research in a wide variety of settings, including schools, health centres, community organizations and the mass media.

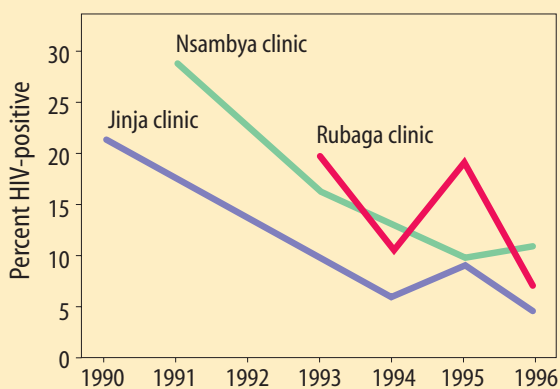
Even in resource-constrained countries, comprehensive attention to the needs and problems of adolescents can have an

impact. In Uganda, several years after a concentrated effort at HIV prevention aimed at young people, a marked decrease in HIV prevalence was noted among 15-19 year olds.

Promoting the healthy development of young people in the second decade of life is one of the most important long-term investments that any society can make. The social and economic costs of failing to do so are enormous. WHO is committed to providing policy leadership and

technical guidance to the growing number of countries that have placed adolescent health and development at the top of their priorities.

Decline in HIV prevalence in urban Uganda among pregnant women aged 15-19 years



Source: Asiimwe-Okirot et al., *AIDS*, 1997; 11:1757-1763



WHO

Acknowledgements

The Adolescent Health and Development Programme would like to thank the following individuals for their useful comments and suggestions: A. Ball, J. Bertolje, R. Blum, H. Friedman, H. Homans, J. Howard, J. Hughes, A. Kaya, W. May, R. Thomson, M. Usher.

For the crucial editorial assistance of Mr Glen Williams and design support of Ms Marilyn Langfeld, we are especially grateful.

© World Health Organization 1998

This document is not a formal publication of the World Health Organization (WHO), and all rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced and translated, in part or in whole, but not for sale nor for use in conjunction with commercial purposes.

The views expressed in documents by named authors are solely the responsibility of those authors.



**Adolescent Health and Development
Programme**

ADH



Family and Reproductive Health

For further information please contact: Adolescent Health and Development Programme, World Health Organization,
20 Avenue Appia, 1211 Geneva 27, Switzerland. Tel: +4122 791 3361 Fax: +4122 791 4189.